Vomiting almost always follows any taking of food. The bowels are rather constipated. There is a constant tremulous movement of the head and neck, and the peculiar laryngeal sound before described. The limbs are rather tremulous on being used; and there appears to be anchylosis of the diseased elbow-joint. She cannot stand, nor sit up without being supported. The agitation of her system and the voice-sound entirely subside on her taking sleep.

I had already given her steel, effervescing salines, iodide of potassium, calumba, opium, etc.; some of these being directed to the improvement of the tone of the system, others to the relief of the vomiting. Some counterirritation was employed over the spine, to the side, and to the elbow; and every attention given to the diet, ventilation of the room, and nursing.

During another month, we tried the preparations of zinc, the mineral acids, strychnia, cod-liver oil, occasional doses of purging medicine, with a little blue pill; and supported her strength in every possible way. Counterirritation was still applied to the spine.

The case did not at all seem benefited by our assiduity; and we now recommended her to be taken to a house in the country, in a commanding situation, and enjoying a strong breeze from the Atlantic. When she left, she still had the agitation of the voluntary muscles, and the spasmodic action of the larynx; and both these were notably increased if she were hurried by the intrusion of a stranger, or by any undue notice of her ailment. After being in the country for some weeks, the agitation of the neck (which was continuous when she left), as also the voice-sound, ceased; but the irritability of the stomach was in no way abated.

It was now determined to omit the medicines, and see what would be the effect of trusting to the influence of the country air; counterirritation by means of mustard being still advised as an occasional application. The omission of the medicine was attended with no improvement in the symptoms, the vomiting being even worse than before, and the patient could not be induced to take any food. I endeavoured to support her system by means of injections of good broth or milk, and these were continued for some weeks. During this period, vomiting sometimes occurred; and blood was occasionally ejected in some quantity.

At length the patient objected so strongly to the use of the injections, that they were first omitted occasionally, and at length discontinued, in spite of my advice to the contrary. I warned the friends that, without food, it was impossible that life could long be sustained; but to no purpose. The patient was inflexible, and they would not consent that force should be employed. But, notwithstanding the abstinence from food and drink, the patient lived on. An injection of water was twice used to unload the bowels; but no other interference with nature took place.

A most complete abandonment of the case was made; for I believed that the craving from hunger would compel the patient in no long time to eat; but in this I have been entirely disappointed, for she has now been over six months without having taken a morsel of food or moistened her mouth with fluid, so far as is known. She has had no injection for several months; the bowels do not act, nor is any water passed. Her condition resembles that of hybernation; rolled up in a little bed in the corner of a room, she takes no notice of any one, and only answers in a low whisper any question that is put to her.

Her pulse is now about 120 in the minute, and the respirations about 16. The breathing during the ill-

ness has been generally slow, and the pulse much less frequent than at present.

At times she has been in a state of great excitement; has had croupy breathing; and a disposition to hysterical convulsion, throwing about her hands, and endeavouring to pluck out her hair. It has been necessary for her attendant to restrain her for an hour or two at a time, when this has occurred. For the last few months, nature has seemed too much exhausted to allow such exertion.

It is now over ten months, since this patient came under my attention. She took very little food for the first four months, and is believed to have taken none for the last six. The residence in the country, which extended over four months, benefited her, in that all the paralytic agitation and spasms were removed; but no improvement took place in any other respect. The last time an evacuation was procured, the matter was scybalous, and strung bead-like; the last evacuations of urine resembled the thick ammoniacal fluid, which constitutes the urine in birds.

She is greatly emaciated; her spine being particularly distinct, and every bone in it defined. There is tenderness over the spines; but no paralysis in any part of the body. The surface of her skin is now, and has been throughout her illness, rather cold; the superficial blood-vessels appear congested; the extremities are not oedematous.

The facts of this, which I deem a most extraordinary case, will probably be received by some with a feeling of scepticism. On my part, I shall be happy to give any further explanation of the statements I have made, either by private communication or through the pages of the JOURNAL.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

DIGESTIVE SYSTEM. (Continued from p. 114.)

2. *Congestion of the Liver.* The affection classed under this head might, it may be thought, have been included in one of the varieties of dyspepsia. The symptoms, however, pertaining to hyperæmia, or abnormal accumulation of blood in the capillaries of the liver, differ sufficiently from those of simple dyspepsia to merit and call for a separate notice. Congestion of the liver is a prelude to almost all diseases of the organ terminating in alteration of structure; but, in the cases to which these notes have reference, the affection depended solely upon simple engorgement of the hepatic circulation, and were quite distinct from the passive congestion and enlargement arising from cardiac or other organic visceral diseases.

Patients with this affection generally present a dusky, semi-jaundiced hue. The tongue has a thin yellowish coating. There are nausea and more or less anorexia, although at the commencement the appetite is sometimes ravenous. The chief complaint is of a dull heavy pain in the right hypochondrium. On examining this region, the natural hepatic dullness is increased; and pain is caused by pressing the liver upwards from the costal margin, where we may not unfrequently detect the enlarged and turgid edges of the organ itself. The bowels are for the most part confined, and the excretions dark, offensive, and bilious; and complaint is often made of pain in defæcation, from enlarged and swollen hæmorrhoidal veins. The urine is scanty and high coloured; and in some cases the nervous system sympathises, as evidenced by great mental depression, together with tingling and numbness of the extremities.

In the treatment, a blister applied over the liver at the commencement gives great relief, and tends to shorten the attack. The portal vessels should be drained by saline aperients, preceded, if necessary, by calomel; while the alkalies, with the aromatic spirit of ammonia and spirit of nitric ether, with tincture of colchicum, should be given during the day.

The diet should be light and in moderate quantity, consisting chiefly of fish, broth, and vegetables, without stimulants.

As a subsequent tonic, which is not often required, cod-liver oil acts favourably in these cases.

3. *Diarrhœa*. The affection next in frequency of occurrence has been diarrhœa. This has prevailed chiefly during an epidemic of the disorder; but we have had some sporadic cases, especially in infants, which have been very obstinate, and in two instances almost terminated fatally.

This epidemic diarrhœa, influenced doubtless by atmospheric causes, has immediately depended, apparently, upon vitiated and acid alvine secretions, giving rise to much fermentation and flatulence. If the case be seen early, it is desirable to commence the treatment by giving a mild rhubarb and magnesia draught, containing a few drops of laudanum and chloric ether. Afterwards, the following formula, by correcting the disordered secretions, and giving tone to the nervous centres, has generally completed the recovery.

(Ph. Lond.) R Ammon. sesquicarb. ʒss; soda bicarb. ʒi; æther. chloric. ʒi; tinct. opii mxx ad ʒss; misturæ camph. ad ʒviij. M. A sixth part every three or four hours.

I have not used chalk mixture, catechu, etc.; but, with two adults, the dilute sulphuric acid, in doses of twenty minims, acted very favourably; and, in some of the infantile cases, this remedy was prescribed with the best effect. I believe that the sulphuric acid treatment will be found to act with most certainty, if it be administered chiefly to cases in which the tongue is moderately clean and pale.

4. *Chronic Gastritis*. A subacute inflammation of the mucous membrane of the stomach is not an uncommon occurrence as an out-patients' disease.

Faulty diet, chiefly from excess, but sometimes from deficiency, if the latter circumstance be long continued, and the quality of the food taken be depraved, especially if to this be added the depressing influence of persistent cold, will, singly or combined, act as a powerful excitant to the disease.

It will be well also to remember that, in the gouty subject, this disorder may be a latent but exciting cause of the gastric inflammation. The tongue is red, more or less glazed, and with a thin creamy coat; the apex being surrounded with fiery, closely set papillæ. There are, anorexia; pain at the epigastrium, increased on pressure, and by taking food, and after vomiting; and a disordered condition of the digestive functions generally. When enumerating the causes, I should have noticed a not very uncommon one among workmen exposed to its influence; viz, the inhaling the fumes arising from noxious gases, or from the ignition of woollen materials, etc.

In the treatment, a few leeches to the pit of the stomach, followed by a large linseed-meal poultice, will often afford considerable relief. A blister may subsequently be applied, if the tenderness remain. A few grains of mercury, with chalk, with extract of henbane, or poppy, will be useful at bedtime; and a mucilaginous mixture, containing chlorate and citrate of potash, I have found to answer well, given during the day.

Perhaps the most important part of the treatment will be the strict confinement of the patient to the blandest milk diet, allowing small quantities of

quite cold water or ice to be sipped or sucked at intervals.

5. *Ascites*. The cases of ascites were only three in number. One was an acute attack, the result of exposure to cold; and the remaining two were passive dropsy, consequent upon chronic peritonitis, which was not, however, of tuberculous origin. In neither case were the kidneys involved; and the heart and liver were equally free from disease.

The acute case was treated by free purging with saline aperients; bicarbonate and nitrate of potash, with the spirits of nitrous ether, being taken during the day. Under this plan, recovery rapidly followed.

In the chronic cases, the treatment was of necessity more prolonged; but these ultimately did well, after blistering the abdomen, giving blue pill and henbane at night, and saline diuretics during the day; to which was subsequently added iodide of potassium, with cod-liver oil. After the healing of the blister, great comfort and benefit were derived from the application to the abdomen of a large plaster, composed of equal parts of mercury and opian plasters.

6. *Hæmatemesis*. We have had a few cases of rather severe hæmatemesis. In two, the hæmorrhage was simply vicarious of the catamenia; but, in the remainder, the cause was traceable to congestion of the mucous membrane of the stomach, which, in its turn, was attributable to confined bowels and a surcharged condition of the portal circulation.

The practical point in these cases is to decide whether the hæmorrhage proceed from mere congestion, or whether it depend upon an ulcer of the stomach, which may be either simple or malignant in its character. In the former case, when arising solely from congestion, the hæmorrhage generally takes place suddenly and in large quantity; the patient feeling faint and oppressed, and often complaining of an undefinable sensation at the pit of the stomach, prior to the occurrence of the bleeding.

When, on the contrary, the hæmorrhage proceeds from ulceration of some part of the coats of the stomach, whether it be simple or malignant in its character, the bleeding is generally much less in quantity; is often vomited, mixed with food; occurs chiefly after a meal; and presents the well known coffee-ground appearance. Besides this, a careful manual examination will sometimes detect an isolated painful spot, or the irregular enlargement of malignant disease.

Hæmatemesis may arise from blood-poisoning; but in this case the previous history of the symptoms, and the general condition of the patient, will sufficiently clear the diagnosis.

The treatment of these cases consisted of a blister to the pit of the stomach; mercury with chalk at bedtime; and saline aperients, with a view to unload the venous capillaries both of the stomach and liver.

The vicarious cases recovered upon the re-establishment of a healthy menstruation.

If the bleeding be very troublesome and persistent, the best astringents are acetate of lead, gallic acid, and turpentine. The perchloride of iron is said to answer well, given as a strong solution.

The patient should, if possible, rest in bed, taking only a bland unstimulating diet, with cold water or ice from time to time while the bleeding lasts.

7. *Melœna*. The cases in which the hæmorrhage assumed this form were, like the preceding, of a simple character, resulting from hepatic obstruction. In these, free daily purging by senna and sulphate of magnesia, giving over-night calomel or blue pill, speedily effected recovery. I have witnessed cases of melœna, after resisting the most persevering and varied use of astringents, yield at once, in the most

satisfactory manner, to the daily adoption of active purging.

I need scarcely add, that care must be exercised to avoid mistaking simple melæna from bleeding from hæmorrhoids, and still more not to confound it with the hæmorrhages from intestinal ulceration or malignant disease.

8. *Intestinal Irritation.* Although scarcely a disease *per se*, still the symptoms under which patients classed under this category labour are so common and so uniform, that, practically, it may be desirable to give it a separate notice.

There is pain, often very severe, but not increased by pressure, in some part of the intestinal tract, generally at or around the umbilicus. It is very frequently accompanied by reflex neuralgic pain at the sides of the abdomen; also in the rectum, and over the sacrum, extending sometimes to the genitals in the male, and to the inguinal regions in the female. The tongue is coated, and it has a reddish tip. The appetite may not be much interfered with. There is much flatulence; and the bowels are alternately constipated and relaxed, the evacuations being very fetid, and of a particoloured and unhealthy character. The urine is generally clear, high coloured, and with an excess of uric acid.

These symptoms depend upon a faulty condition of the contents of the bowels, giving rise to congestion of the mucous membrane and enteric pain.

The exciting cause is most frequently cold; to which may be added improper food, and the many depressing influences to which the labouring poor are so constantly exposed.

At the commencement of the treatment, a mild dose of castor-oil, guarded with laudanum, will be desirable; and alkalies, with mucilage, henbane, and chloric ether, will be the most suitable combination.

The cutaneous neuralgic pains are often more distressing to the patient than the immediate phenomena referable to the bowels themselves. Mr. Hilton, in his valuable *Lectures on Rest*, etc., strongly, and as the result of a long experience, recommends the more frequent application of anæsthetics to the peripheral extremities of the nerves. "I believe," says Mr. Hilton, "this plan of treatment—I mean the application of anæsthetics to the cutaneous nerves—is, as a rule, most imperfectly carried out in practice." For this purpose, he recommends strong solutions of belladonna, opium, or hemlock; and further adds his belief that "the reason why these applications are not more frequently employed, and why they are so often ineffective, is, that the solutions are not strong enough, and that the proportion of the materials is not sufficient." In the neuralgic pains under consideration, the extract of belladonna, freely smeared upon the part, will often give much relief; or, this failing, a strong solution of opium may be tried.

9. *Malignant Disease of the Bowel.* These cases were, happily, only two in number; and in each instance the relief that we were able to afford was but slight and very temporary.

The first case, in the absence of a *post mortem* examination, was, I believe, a thickened and contracted condition of the cæcum, of a malignant character. The patient suffered great pain; he had passed blood and sanious matter *per anum*; and he was rendered much worse by the flatulence engendered during digestion. This case ultimately died; but an inspection of the body was unattainable.

The second case was one of carcinoma of the rectum, accompanied by much pain, and purging of what the poor fellow himself graphically termed "bloody corruption". Opium gave very partial relief, and his attendance at the hospital was discontinued.

In a case of extensive cancer of the rectum, accompanied by great abdominal pain, preventing sleep, and with whom opium, given internally, entirely destroyed the appetite, Mr. Hilton was induced to advise a strong solution of opium to be rubbed upon the abdominal parietes every night and morning. "From that time," adds Mr. Hilton, "the patient had scarcely any pain, or spasmodic abdominal contraction; he required no more opium by the mouth to make him sleep; and he regained his appetite."

10. *Mesenteric Disease.* Affection of the mesenteric glands is a malady of very frequent occurrence, especially among children as out-patients. In two or three of the applicants, the disorder had advanced so far, and the tubercular deposit had produced such extreme emaciation and debility, that death was the only termination to be looked for.

The cases which present most frequently, however, are those termed by Dr. Ferguson "*meseraiaisis*". In these, the glands are congested and irritable, and more or less enlarged; but their functions, as yet, are not so much impeded as to prevent recovery, if judicious remedial measures be adopted. The experienced eye of the practitioner will at once detect the peculiar abdominal expression of the little patient. The face is anxious, thin, and drawn; the eyes sunk, but often preternaturally bright, with a dark line below the orbit. The child is fretful, and complaining of pain in the body. The skin is hot, and over the abdomen pungent; the tongue red at the tip, with a white creamy fur; lips often sore and ulcerated from picking; appetite very capricious; and sometimes vomiting. The bowels are generally relaxed, with most offensive, unhealthy evacuations; the urine variable in colour; abdomen swollen, tense, and tender upon pressure. The legs are often drawn up upon the body. There is general wasting, especially of the extremities; and increasing debility. These cases, if seen early, and before the glands become much infiltrated with cacoplastic or tuberculous matter, offer a reasonable chance of recovery, especially if tonics be not administered (as I believe is often the case) too early. The plan that I have found to be most useful is the following.

As perfect rest in bed as it is possible to obtain, in order to lessen peritoneal friction. A large thin linseed-meal poultice, sprinkled freely with laudanum, and covered with oil-silk, should be applied to the entire abdomen. After poulticing for a day or two, the belly should be covered with a plaster consisting of equal parts of opium and mercury plasters. The bowels should be regulated with the mildest aperients; and, in general, none answer better than rhubarb and carbonate of soda, guarded, if necessary, with Dover's powder.

It must be recollected, that the improvement in the appearance of the evacuations takes place very slowly in these cases; and that it is not desirable or safe to use active or irritating measures in order to effect this object.

In addition to this, I have found the best result from a combination of the citrate and chlorate of potash, with tincture of opium and chloric ether, apportioning the doses to the age of the patient. When the febrile symptoms lessen, and the tongue improves, the cod-liver oil will be the best tonic, in addition to the mixture. I am persuaded that I have often seen much harm done in these cases by the too early exhibition of steel and iodide of potassium.

The diet should be of the lightest kind, consisting chiefly of milk, with farinaceous articles. A very lightly boiled egg will sometimes agree, and be enjoyed, when other food is refused. If broths be allowed, the mildest only, as chicken-tea, should be

selected at first. A small quantity of sherry with water may, I think, in most cases, be advantageously given at intervals during the day.

As the patient improves, the abdomen should be enveloped for a prolonged period with a well adjusted flannel bandage.

The point which strikes me to be particularly observed is the avoidance of a too early administration of tonics, or a diet that will overtax the very much weakened digestive organs.

[To be continued.]

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON EXCISION OF THE WRIST-JOINT.

By R. W. COE, F.R.C.S.E., Senior Surgeon to the Bristol General Hospital.

[Read January 25th, 1865.]

ON regarding the results of operations for the removal of diseased bone from the carpus, we cannot but be struck by their unfavourable character—a character certainly not dependent upon the complex anatomy of the carpal joints, nor upon the tendinous structures in their neighbourhood; for it is well known that no class of injuries is more quickly recovered from than those affecting the hand or wrist requiring immediate operation. It must be familiar to us all how after partial crushing or severing of the hand or injury by gunshot, that it is the rule for the sound portion to be saved, on the injured part being removed; though in the doing this, the carpal joints may be freely opened, some or all of the carpal bones taken away, and tendons cut through.

These cases afford an illustration of the reparative powers of the upper limb; and if we compare the results of these injuries with those of corresponding injuries in the lower one, we shall find them to be more favourable than in the latter, shewing that the powers of reparation are greater in the upper limb than in the lower. Yet if we compare the results of the removal of diseased bone from the carpus, with those of excision of the tarsal bones for the same cause, we find the balance much in favour of the latter—a consequence for which *a priori*, I think we should hardly be prepared.

Dr. Humphry in a note to his published Address on Surgery, delivered at Cambridge (1864), has truly stated the reason of the difference. After observing that the reparative powers in the upper limb are greater than in the lower, its exposure to injuries less, and its opportunities for repose greater, he says: "Hence a given amount of disease in it is, proportionately, more indicative of constitutional debility than in the lower limb."

In considerations of this nature must be sought the explanation of the frequent unfavourable results of operations on the joints of the arm, especially on the wrist. It may, with something approaching to accuracy, be said that diseased bone when resulting from injury to the lower extremity, is produced by a faulty local nutrition primarily, and secondarily by a constitutional taint; whilst in the upper limb the same condition is brought about in spite of the local energy of the part, and in consequence of a constitutional taint. If this be so, what inducements are there for the surgeon to operate in affections of the wrist-joint, it being avowed that the results have been on the whole not only somewhat less than favourable—indeed positively unfavourable.

It must be borne in mind that the comparisons I have instituted are very rude, and the statements proportionately general; there are consequently many exceptions to be made. It is by the recognition of these exceptions that we may hope to discover the cases which will repay our labour.

A rough classification of the diseases of the joint compared with the results of the recorded cases will, I think, clearly shew what the inducements are, and when we may hope for a favourable issue. Excluding those cases where injury to the hand or wrist is immediately followed by operation, I would divide the wrist-joints injured by violence or disease into the following classes.

1. Those where the violence is followed by acute inflammation of the joint and soft parts, interfering with their nutrition, and ultimately causing a true necrosis of the carpal bones by preventing their blood supply.

2. Those where a slight injury, as a sprain or blow, is followed after some interval of time by a slow chronic inflammation, which takes its character from a constitutional condition, and which may eventually present every sign of a specific disease; the injury to the joint having the same relation to the developed disease that a blow on the breast has to the development of cancer in that organ.

3. Those where the disease, of whatever nature, is idiopathic, and the mere expression of a constitutional cachexia.

In looking over the recorded cases, I find the success of the operation following the order of the above division being most perfect and most frequent in the first class. In the second, the result hardly to be called a success, and this partial success but infrequent; whilst amputation after the excision seems to have been the rule in the third class.

In the first class of cases, I should say that the operation of excision was imperatively called for. Of the second, I speak with more diffidence. It has been clearly shewn that many so-called strumous affections of joints are amenable to treatment when continued through a sufficient length of time, rest being esteemed a principal element. When this has failed, the sooner the excision is performed the better; for the disease continuing, forms a nidus for the constitution to act upon, and to be in turn affected by; and if the operation fail, amputation can be had resort to under but slightly, if any, increased disadvantages. Of the third, I can only refer to the results, which are so unfavourable as to demand amputation.

How the carpal bones, and, if necessary, the carpal extremities of the radius and ulna and metacarpal bones, can be best excised, is the point I wish principally to bring under your notice this evening. Of the value of the mode I advocate, you will have an opportunity of judging by the inspection of one of my cases; but brought rather earlier under notice than I wish, from its being doubtful whether I should be able to present her at our next meeting in Bristol.

Erichsen has removed the carpal bones through a long longitudinal incision over the dorsum of the wrist; also, by a flap uncovering the tendons, and picking the bones out from between them. Ferguson has removed them by two lateral incisions; also, by a flap over the dorsum, leaving the tendons. Simon has removed them by two longitudinal incisions, one over the dorsum, the other on the palmar aspect, passing between the tendons—a proceeding not very likely to find imitators. Stanley has operated by a flap on the dorsum, cutting through the tendons, and turning them back with the flap. Butcher takes credit to himself for what he calls a